



Low Resolution Scan and Microfilm Order Form

Name: _____ Telephone: _____

Organization: _____ E-mail: _____

Address: _____

City/State/Zip: _____

Deadline for receiving copies (specific date or time period): _____

Request submitted: in person (on-site) by phone, mail, e-mail, or fax (remote)

This order is tax exempt. I am attaching the TEXAS SALES AND USE TAX EXEMPTION form 01-339.

I authorize the Briscoe Center to make up to:

- 25 scans 50 scans 100 scans 200 scans
 500 scans 1000 scans _____ scans

The Briscoe Center will issue an invoice for the above indicated number of copies. Once payment is received, we will hold that payment until the request is complete. If fewer copies are required to fulfill the request than the number indicated above, we will adjust the invoice.

Fees for scans:

Service Charge for all orders \$10.00

\$0.50 per scan

I agree to the following:

I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE DOLPH BRISCOE CENTER FOR AMERICAN HISTORY, THE UNIVERSITY OF TEXAS AT AUSTIN, AND THE UNIVERSITY OF TEXAS SYSTEM, ITS BOARD OF REGENTS, ITS OFFICERS, EMPLOYEES AND AGENTS AGAINST ALL CLAIMS, DEMANDS, COSTS, AND EXPENSES, INCLUDING WITHOUT LIMITATION, ATTORNEYS' FEES, INCURRED AS A RESULT OF ALLEGED OR ACTUAL COPYRIGHT INFRINGEMENT OR ANY OTHER LEGAL OR REGULATORY CAUSE OF ACTION ARISING FROM THE USE OF THE DOLPH BRISCOE CENTER FOR AMERICAN HISTORY MATERIALS TO THE EXTENT THAT THE LAWS OF THE U.S. AND TEXAS ALLOW.

Additionally, the copies I receive are for research purposes only and will not be published, publicly exhibited, or reproduced in any way.

Signature: _____ Date: _____

***All requests will be delivered electronically as .pdfs unless specified otherwise.**

Box # or Call #	Description Of Material To Be Copied <i>(Include title of book or collection, as well as folder title, detailed document description, and pages or portion of file to be copied.)</i>	Estimated Number of pages	Offsite box?

